

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/763852

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	6		/			
8	6		/			
9	6		/			
10	/		/			
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13	3		/			
14	8		/			
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49						
50						
TOTAL IND.	6		6			
TOTAL DEP.	35		18			
TOTAL CLAIMS	41		34			

	*	*	*	*
	IND.	DEP.	IND.	DEP.
51				
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100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS